

## Occupational health outcomes among international migrant workers

The health of the 164 million migrant workers worldwide is understudied;<sup>1</sup> only 6.2% of the literature on global migration published between 2000 and 2016 has examined the health of migrant workers.<sup>2</sup> The important systematic review by Sally Hargreaves and colleagues (July, 2019),<sup>3</sup> summarises the global prevalence of occupational morbidity in migrant workers and reports on employment sector, country of origin, country of employment, occupational health outcomes, and design of the studies included. The systematic review<sup>3</sup> provides essential new knowledge of a neglected area, but it omits a major underlying determinant—gender.

Understanding the role of gender in the occupational hazards of migrant workers is crucial. The International Labour Organization<sup>1</sup> estimates that there are more male than female migrant workers globally, with the proportion of male migrant workers increasing from 55.7% in 2015 to 58.4% in 2018. At the national level, some countries (eg, Qatar) have even more skewed sex ratios, where four in five international migrant workers are male. The sex ratio of migrant workers reflects the gendered determinants of both migration and the division of labour. For low-skilled workers, men outnumber women in construction sectors, whereas women are more often employed as domestic household workers or in caregiving roles. "Certain occupational sectors could also be more representative of specific migrant groups (eg, employment of one sex or migrants from specific geographical regions), which might also be predictors of occupational risk or specific outcomes", state Hargreaves and colleagues<sup>3</sup> in their Discussion.

The ways in which gender influences the health of international migrant

workers warrants more attention; a minimum requirement would be to present sex-disaggregated data. In the information for authors' page, *The Lancet Global Health*<sup>4</sup> recommends that authors, "where possible, report the sex and/or gender of study participants", and it also explains that, "separate reporting of data by demographic variables, such as age and sex, facilitates pooling of data for subgroups across studies and should be routine, unless inappropriate". These recommendations reflect the Sex and Gender Equity in Research (SAGER) guidelines.<sup>5</sup> For Hargreaves and colleagues,<sup>3</sup> this would have meant including the sex-disaggregated data in their analysis and interpretation. If the analysis and presentation of sex-disaggregated data was not possible, its absence could have been mentioned as a limitation of the systematic review and as a consideration for future research.

There seems to be a long way to go before gender-responsive analyses are standard practice. Such analyses are urgently warranted for improving the health of migrants who often work in highly gendered occupations. The recognition of gender and global health by researchers, funders, and journals is welcome, but it needs to be put into practice; the SAGER guidelines should not only be endorsed, they should also be implemented.

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- 3 Hargreaves S, Rustage K, Nellums LB, et al. Occupational health outcomes among international migrant workers: a systematic review and meta-analysis. *Lancet Glob Health* 2019; **7**: e872–82.
- 4 The Lancet. Information for authors. 2019 <https://www.thelancet.com/pb/assets/raw/Lancet/authors/tlgh-info-for-authors.pdf> (accessed June 3, 2019).
- 5 Heidari S, Babor TF, P De Castro, et al. Sex and gender equity in research: rationale for the SAGER guidelines and recommended use. *Res Integr Peer Rev* 2016; **1**: 2.

